

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

### Uses and Disclosures

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage, such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of the Center. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### Additional Uses of Information

**Appointment reminders.** Your health information will be used by our staff to send you appointment reminders.

**Information about treatments.** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

### Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information. The right to receive confidential communications concerning your medical condition and treatment. The right to inspect and copy your protected health information. The right to amend or submit corrections to your protected health information. The right to receive an accounting of how and to whom your protected health information has been disclosed. The right to receive a printed copy of this notice

### Surgery Center Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this "Notice of Privacy Practices." We also are required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices.** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Requests to Inspect Protected Health Information.** You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the **Receptionist, Director of Nursing or Administrator**. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### Complaints & Contact Person.

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to the following. The title and address of this person may also be contacted for further information concerning our privacy practices or you can call **205-523-4342**.

**Administrator**  
**Alabama Digestive Health Endoscopy Center (ADHEC)**  
**513 Brookwood Blvd Building D Ste 400**  
**Birmingham, AL 35209-6804**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint:

The complaint form may be found at <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>. You will not be penalized in any way for filing a complaint. You may also reach out to the Office of the Medicare Beneficiary Ombudsman by navigating to the website for Medicare beneficiary Ombudsman at [www.cms.hhs.gov/hospital/ombudsman.asp](http://www.cms.hhs.gov/hospital/ombudsman.asp)

### Additional Disclosures and Patient Rights

This facility is part of an Affiliated Covered Entity (ACE) under HIPAA, meaning several health care providers may legally operate as a single covered entity for privacy compliance purposes. We may allow certain students, residents, or observers pursuing careers in health care to view portions of your medical information as part of their education and training. Your information may be shared with health information networks that facilitate secure electronic sharing of health data with other providers for treatment and care coordination. If you are admitted, your name, location, and general condition may be listed in a patient directory unless you request not to be included. We may disclose information to individuals involved in your care or payment for your care, such as a family member or close friend, when appropriate. We may release protected health information to public health authorities to prevent or control disease, report adverse events, or conduct public health investigations. We may disclose your health information to authorities if we believe you are a victim of abuse, neglect, or domestic violence, in compliance with applicable laws. If you are incarcerated, your health information may be shared with correctional institutions or law enforcement as necessary for your care or institutional safety. We may release your health information to organizations involved in organ, eye, or tissue procurement or transplantation processes.

If you serve in the military or are involved in national security activities, we may disclose information to authorized federal or military officials as required.

We do not sell your health information. Any sale of protected health information will only occur with your explicit written authorization, where permitted by law. Certain sensitive health information, such as psychotherapy notes, HIV status, or records related to substance use, may be subject to additional privacy protections.